SENDER: COMPLETE THIS SECTION DOC	UCOMPLETE THIS SECTION ON DELIVERY 05 Page 1 C
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature A. Signature Addressee B. Received by (Printed Name) C. Date of Delivery Dennic Smart D. Is delivery address different from item 1? Yes
1. Article Addressed to:	If YES, enter delivery address below:
Michael David Adkins 452 South Main Street	186 Oak St.
Brundidge, Alabama 36010	Brundides Al- 36010
05-521	3. Service Type
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Certified Mail
05-527 sm, cmp., amd. cmp	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7000	2 2470 0003 7847 0845

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540